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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _2_

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])					Family Name	or Su	mame
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2_ of _2_

Name of Additional Joint Inventor, if any	:	×	A petition has been filed	d for this	s unsigned inventor		
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Name of Additional Joint Inventor, if any	/ :		A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Nam	e or Su	ımame		
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Cour	ntry		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
O C							
Inventor's Signature					Date		
Residence: City State		Country			Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Co	ountry		

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DECLARATION — Supplemental Priority Data Sheet

A 1 170				
Additional foreign appl Prior Foreign Application Number(s)	Country	√Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign app	lications:			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
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B. W. POWER OF ATTOR **AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	DAVID YAN
Title	METHOD OF WIRELESS DATA EXCHANGE AMON
Group Art Unit	
Examiner Name	
Attorney Docket Number	CY-200212

I hereby appoint:					
X Practitioners a	t Customer Number 30348	¬			
OR					
Practitioner(s) na	amed below:				
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as my/our attorney(s) o	r agent(s) to prosecute the application id	dentified above, and to transact all			
	States Patent and Trademark Office con				
	espondence address for the above-ident	tified application to:			
	ned Customer Number.				
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Applicant/Invent	tor.				
					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name DAVID YAN					
Signature	04/06/2002				
NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature					
☐ *Total of 1_ forms are se	ubmitted	at the individual cose. Any comments of			

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